

FILED MAR 2 1942
Registration District No. 737

Primary Registration District No. 3036

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County ST. CHARLES
(b) City or town ST. CHARLES
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
402 HOUSTON ST.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County ST. CHARLES
(c) City or town ST. CHARLES
(If outside city or town limits, write "RURAL")
(d) Street No. 402 HOUSTON ST.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME HERMAN NOLLE
(b) If veteran, name war _____ (c) Social Security No. NONE

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month JAN. day 27
year 1942 hour 8 minute 45 P. M.

4. Sex MALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
(b) Name of husband or wife MARIA HEGGEMEIER
(c) Age of husband or wife if alive 75 years
7. Birth date of deceased MARCH 30 1862
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 6, 1941 to January 27, 1942
that I last saw him alive on January 27, 1942
and that death occurred on the date and hour stated above.
Immediate cause of death Myocardial failure Duration _____

8. AGE: Years 77 Months 9 Days 27
If less than one day _____ hr. _____ min.

Due to Chronic myocarditis + myocardial degeneration
Due to with decompensation

9. Birthplace ST. CHARLES COUNTY MO
(City, town, or county) (State or foreign country)

Other conditions _____ (Include pregnancy within 3 months of death)

10. Usual occupation RETIRED

Major findings: Of operations _____

11. Industry or business _____

Of autopsy _____

12. Name ERNST NOLLE

13. Birthplace GERMANY
(City, town, or county) (State or foreign country)

14. Maiden name ANNA BECKER

15. Birthplace GERMANY
(City, town, or county) (State or foreign country)

16. (a) Informant Wm. Noller

(b) Address St. Charles Mo

17. (a) BURIAL (b) Date thereof JAN. 30, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LUTHERAN CEMETERY
ORCHARD FARM, MO

18. (a) Signature of funeral director Jackmann

(b) Address 326 N. 6th St. St. Charles Mo

19. (a) 1-29-42 (b) Clarence B. Muesel
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature Wm. J. James (M. D. or other) M.D.

Address 100 Washington St. Chas. Date signed 1-29-42

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Arthur O. Bane*

Licensed Embalmer No. *3122*

P. O. Address..... *St Charles Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.